

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36185

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Christian Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **52** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **9762**2. PRINT FULL NAME **Fred W. Lippmann**

(a) Residence, No. **4903 Easton Ave.** St. **6**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Lippmann**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 1, 1850**
 7. AGE YEARS **86** MONTHS **11** DAYS **18** If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Carpenter**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **Carl Lippmann**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Wm. Lippmann**
 (ADDRESS) **4213 Grove St.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Bethany Cemetery** DATE **Oct. 22, 1937**

19. FUNERAL DIRECTOR **Wm. F. Paschedag**
 (ADDRESS) **2825 N. Grand Blvd.**

20. FILED **OCT 21 1937** 19 **J. Predeck**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 19, 1937**, 19

22. I HEREBY CERTIFY, That I attended deceased from **Oct 3**, 19**37**, to **Oct 19**, 19**37**

I last saw him alive on **Oct 19**, 19**37**. Death is said to have occurred on the date stated above, at **2:20 P.M.**

The principal cause of death and related causes of importance were as follows:

Cystitis atrophic. Prostatitis. Phlegmon. Multiple abscesses. Pyelitis. Nephritis atrophic. B. Princes returning. Acute. Cholelithiasis. Pyelitis. Cause of abscesses unknown. Other contributory causes of importance: Arteriosclerosis.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **Yes a mellitus** M. D.

(Signed) **Geo. A. Mellis**

(Address) **2743 N. Grand**

STATEMENT BY LICENSED EMBALMER

I, Wm. F. Paschedag, Licensed Embalmer No. 2311

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Guy W. Wilkinson

L.E.

No. 3575 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Wm. F. Paschedag

Licensed Embalmer No. 2311

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)